



IFW

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/724,857
Filing Date	December 1, 2003
First Named Inventor	Donald E. Frail
Art Unit	1614
Examiner Name	
Attorney Docket Number	01459.US1

Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                        | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance communication to Group                            |
| <input type="checkbox"/> Fee Attached                                | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                             | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                 | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                   | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                   | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):            |
| <input type="checkbox"/> Express Abandonment Request                 | <input type="checkbox"/> Request for Refund   | A return-receipt postcard is enclosed.   |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____                                      |  |

Remarks

#### Supplemental IDS

This IDS is being filed before the mailing date of the first office action on the merits. Applicant(s) is/are unaware that any office action has issued in this case. However, in the event a first office action has issued, prior to the receipt of this document, then authorization is given to charge the late fee to the deposit account 21-0718.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name  
**Pharmacia & Upjohn Company**

Signature  
*Thomas A. Walthers*

Date  
*9 June 2004*

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

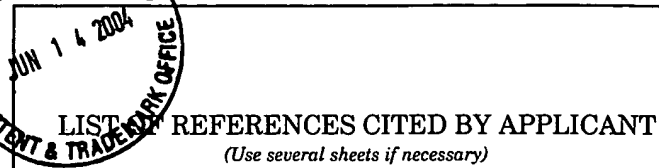
Typed or printed name  
**Julie K. Lyons**

Signature  
*Julie K. Lyons*

Date  
*June 9, 2004*

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Supplemental

10/724,857

Filing Date 12/01/2003

Group

Examiner Initial		Document Number	Date	Name	Class	Subclass	Filing Date If Appropriate
	AA	US 4,375,471	February 19, 1981	Reciard C. Effland et at.	424	258	

		Document Number	Date	Country	Class	Subclass	Translation	
							Yes	No
	AB	EP 0330360	February 14, 1989	Europe	C07D	217/14		
	AC	WO 97/23458	December 20, 1996	World	C07D	211/06		
	AD	WO 01/32624	November 3, 2000	World	C07D	217/04		

[illegible]

Date Considered